

# FEC FORM 9

## 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

### 1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name

Hispanic Leadership Fund

(b) Address (number and street)

☐ check if different than previously reported

PO Box 23162

(c) City, State and ZIP Code

Alexandria

VA

22304

(d) Name of Employer or Principal Place of Business

(e) Occupation

### 2. FEC Identification Number

C C30001879

### 3. Is This Statement

☒

New

or

☐

Amended

### 4. Covering Period

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

through

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

### 5. (a) Date of Public Distribution(s)

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

(b) Communication Title Worst

### 6. The filer is a(n): (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: \_\_\_\_\_

### 7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?

Yes ☐No ☐

### 8. Custodian of Records

(a) Name

Mario H. Lopez

(b) Address (number and street)

PO Box 23162

(c) City, State and ZIP Code

Alexandria

VA

22304

(d) Name of Employer or Principal Place of Business

Hispanic Leadership Fund

(e) Occupation

President

### 9. Total Donations This Statement

.00

### 10. Total Disbursements/Obligations This Statement

100000.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Mario H Lopez

SIGNATURE Electronically Filed by Mario H Lopez

DATE 10/29/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.

**List of Person(s) Sharing/Exercising Control**

(use additional pages as necessary)

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**11. Person(s) Sharing/Exercising Control**

<b>A.</b>	(a) Name	<b>Transction ID :</b> F91.000001	
	Mario H. Lopez		
	(b) Address (number and street)		
	PO Box 23162		
	(c) City, State and Zip Code		
	Alexandria	VA	22304
	(d) Name of Employer or Principal Place of Business	(e) Occupation	
	Hispanic Leadership Fund	President	

**SCHEDULE 9-B****Disbursement(s) Made or Obligations**

<b>A.</b> Full Name (Last, First, Middle Initial) of Payee DRC Consulting, Inc.				Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0</div> </div>	
Mailing Address of Payee 6401 SW 113th Place				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">100000.00</div>	
City Miami	State FL	Zip Code 33173		Communication Date <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 1 0</div> </div>	
Name of Employer		Occupation		<b>Transaction ID :</b> F93.000001	
Purpose of Disbursement (including title(s) of communication(s)) TV/media production, placement (Worst)					
Name of Federal Candidate Joe Garcia	Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: FL  District: 25	Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
F94.000002					
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____  District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____  District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
<b>SUBTOTAL</b> of Disbursement/Obligation This Page (optional) .....				<div style="border: 1px solid black; padding: 2px; text-align: right;">100000.00</div>	
<b>TOTAL</b> This Period (last page this line number only) ..... (carry total from last page to line 10)				<div style="border: 1px solid black; padding: 2px; text-align: right;">100000.00</div>	